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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/622,302	07/18/2003	Karen Stec	ALS-2	7280
Jeffrey M. Hoster 13 Woodland Drive		8	EXAMINER	
			CLAYTOR, DEIRDRE	IRDRE RENEE
Lemont, IL 604	39		ART UNIT	PAPER NUMBER
			1617	
			MAIL DATE	DELIVERY MODE
			03/21/2008	PAPER

## Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intoniou Summan	10/622,302	STEC ET AL.			
Interview Summary	Examiner	Art Unit			
	Renee Claytor	1617			
All participants (applicant, applicant's representative, PTO	personnel):				
(1) <u>Renee Claytor</u> .	(3)				
(2) <u>Jeff Hoster</u> .	(4)				
Date of Interview: <u>06 March 2008</u> .					
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative	e]			
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)□ No.				
Claim(s) discussed:					
Identification of prior art discussed:					
Agreement with respect to the claims f)☐ was reached. g	)∏ was not reached. h)∏ N	J/A.			
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>Jeff Hoster verified that the application is abandoned</u> .					
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w				
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO		
requirements of reverse side of off attached sheet.					
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red			

Application No.

Applicant(s)